This form is approved by the Illinois Supreme Court and is required to be accepted in all Illinois Appellate Courts.

Instructions ▼	THIS APPEAL INVOLVES A MATTER SUBJECT TO EXPEDITED DISPOSITION UNDER		
Check the box to the	RULE 311(a).		
right if your appeal involves custody,			
visitation, or removal of			
a child.	Appellate Case No.:		
Enter the Appellate Court case number.	IN THE ADDELL ATE COURT OF		
Court case number.	IN THE AFFELLATE COURT OF		
Just below "In the		ILLINOIS	
Appellate Court of Illinois," enter the	District		
number of the appellate			
district where the appeal			
was filed.			Appeal from the Circuit Court
If the case name in the	In re		of County
trial court began with "In re" (for example,			
"In re Marriage of			Trial Court Case No.:
Jones"), enter that			That Court Case No
name. Below that, enter the names of the parties	Plaintiff/Petitioner (First, middle, las	t names)	·
as they appeared in the	i lantinii ettionei (i iist, iiidale, ias	. Hamooj	
trial court, and check	Appellant Appellee		Honorable
the correct boxes to show which party filed			
the appeal ("appellant")	v.		Judge, Presiding
and which party is	v.		Judge, Fresiding
responding to the appeal ("appellee").			
(appenee).			
To the far right, enter the	Defendant/Respondent (First, middle,	last names)	
trial court county, trial	Appellant Appellee		
court case number, and trial judge's name.			
		VER OF COURT FE .ATE COURT)	EES
Enter your full name as "Applicant."	Applicant Name: First	Middle	Last
	, ,,,,,	da.io	
	The Court having reviewed the Ap	oplication for Waiver of	f Court Fees hereby finds:
DO NOT check any	☐ The applicant qualifies for a fee waiver.		
more boxes or fill in any more blanks on	The applicant does not qualify for a fee waiver because (must state specific reason):		
this form.			
The Appellate Court			
will decide if your	IT IS HEREBY ORDERED:		
Application for Waiver of Court Fees			malkanat managa situta ata 1. di 1
is granted or denied	Application for Waiver of Court Fees is GRANTED. The applicant may participate in this		
and complete the rest	appeal without payment of fees, or	osts, or charges.	
of this form.	☐ Application for Waiver of Court Fees is DENIED and:		
	Applicant must pay all applic	cable fees, costs, or cha-	rges by: OR Date
	Applicant must pay all applic	cable fees, costs or char	ges as follows (describe payment plan):
DO NOT complete	ENTERED:		
this section. The			
justice will sign and date here.	1.0		
ΔWΔ-Ω 1304 4	Justice	Do 1 of 1	ate (05/18)
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